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Assessing Specialty Specific Milestones of 'Off- Service' Rotators during Emergency Medicine Rotation

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is, has the effort by EM PDs to better advise top EM applicants had an effect this year? Are a greater number of top applicants who are invited early in the application season, cancelling unnecessary or unwanted EM interview invitations earlier?

Curricular Design: The ERAS database and Interview Broker were used to abstract applicant data from Healthpartners/Regions Hospital EM residency applicants for the last 3 years. The total number and dates of interview invitations and declined invitations, AOA status and USMLE scores were abstracted. The same criteria were used to invite applicants during all 3 years. The high quality of declining early applicants, based on percentage of AOA applicants and average USMLE scores, was consistent across all 3 years.

Impact/Effectiveness: The total number of interview invitations sent during the early invitation period (Sept 24 - Oct 10) averaged 85 invitations/year. During years 2013 and 2014 a mean of 87 applicants were invited and 80 were invited in 2015. Based on USMLE step 1 scores, these were above average EM applicants.

During the 2013/2014 seasons the average number of declined invitations in October=12 and November=10. In 2015, the number of declined invitations in October=23 and November=2.

When comparing the data between the 2013/14 and 2015 interview season the trend appears that the top applicants are not only declining more unnecessary interviews, but that they are declining them earlier in the application cycle. It will be interesting to see if this trend continues with EM applicants.

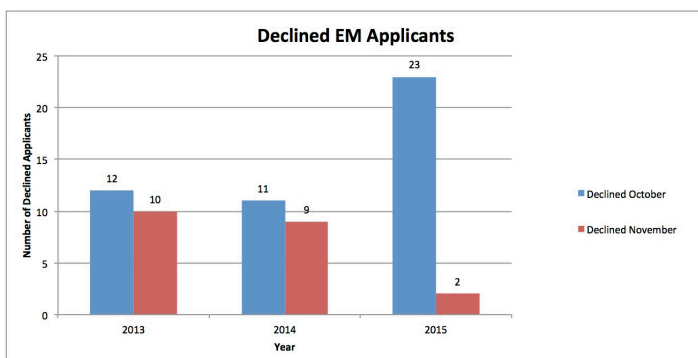


Figure.

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Background: EM faculty frequently train and evaluate non-EM residents, or 'off-service' rotators. There has been lack of standardized guidance however as to what competencies warrant assessing in any given rotator or what feedback might be useful to a rotator's 'home' service. This represents a missed opportunity to assess trainee milestones

that are both sub-specialty specific as well relevant to the ED environment.

EM faculty at the University of Alabama at Birmingham (UAB) are responsible for teaching and evaluating rotators from several subspecialties during their ED rotations.

Educational Objectives:

1. Attain interdepartmental agreement on milestone core competencies, identified as both sub-specialty specific and ED relevant, for 'off-service' trainees rotating in the ED.
2. Obtain EM faculty evaluations of specialty-specific milestones for 'off-service' trainees rotating through the ED to provide appropriate individualized trainee feedback and a relevant evaluation for the rotators' 'home' service.

Curricular Design: Via interdepartmental collaboration, applicable subspecialty specific milestones were identified as relevant for 'off-service' rotator evaluation during their ED rotations.

The UAB Pediatric EM (PEM) Fellowship and UAB EM faculty identified ten PEM core competencies applicable to their fellows while rotating in the ED including 'Patient Care (PC),' 'Medical Knowledge,' 'Practice Based Learning,' 'Interpersonal and Communication Skills (ICS),' and 'Professionalism (P)' competencies. The UAB Anesthesia Residency Program and UAB EM faculty identified five Anesthesia-specific core competencies applicable to Anesthesia PGY-1s during their ED rotation (including 'PC', 'ICS', and 'P'). These competencies are assessed in binary form ('yes' or 'no') for each respective rotator shift in the ED by EM faculty.

Upon completion of ED rotation a final milestone score is submitted by the EM 'Off-Service' Rotator Faculty Director for each of the competencies. This final score, submitted to the trainee's 'home' service, is an aggregate of EM faculty shift evaluations and subjective comments, and serves as final evaluation of milestone competency attained during the trainee's ED rotation.

Impact/Effectiveness: With interdepartmental collaboration to identify milestones that are both subspecialty and ED relevant, EM teaching faculty can provide pertinent feedback to all 'off-service' rotators and accurately assess subspecialty specific core competencies for non-EM trainees. Additionally, this allows a more formalized way for the EM physicians to meet the new ACGME guidelines (NAS Program Requirements IV.A.5.g.1-5) by working in interdisciplinary teams and modeling Systems-based Practice.

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